



Specialty Independent Review Organization, Inc.

January 31, 2005

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
TWCC #:
MDR Tracking #: M2-05-0638-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor who is board certified in Anesthesia and Pain Management. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The patient has had subjective complaints of lumbar spine pain with right lower extremity radiation since his work injury of _____. He refers numbness in the feet and increased pain with physical activity and changes in the weather. He has been prescribed Vicodin ES, Celebrex, and Vioxx for pain, which increases his functional capacity. Physical examination reveals paraspinal tenderness and decreased range of motion in all lumbar planes. According to the office notes, the assessment is back pain with radicular symptoms and continued need for medication.

The office notes of Dr. Fino provide some evolution of treatment. In July of 2004, the patient had an MRI that revealed L4-L5 stenosis. There is a handwritten note on 07-29-04 that the patient "saw Dr. Ramos – surgery", but no mention if he is pre/post operative or simply offered surgery. There is a scribble on 09-01-04 and 10-27-04 that states that RS unit "is helping". There is also a

patient letter dated 12-03-04 refers that his lack of compliance intermittently from 08/04 to 11/04 was due to significant secondary medical pathology. He referred hypertension, carpal tunnel surgery, cerebral aneurysm and related treatment.

Records Reviewed:

Records from the carrier

Letter dated 01-10-05 from TX Property & Casualty to TWCC
MDR Request form TWCC-60
Reconsideration Pre-Auth Response Letter dated 11-22-04 with additional letter on 11-16-04 to request physician review of pre-authorization
Initial Pre-Auth Response Letter dated 10-21-04 with additional letter on 10-19-04 to request physician review of pre-authorization
TWCC receipt acknowledgement of MDR request dated 12-29-04
Request for reconsideration dated 11-15-04 with attached letter from RS Medical dated 11-04-04
Prescriptions from RS Medical apparently signed by Dr. Sam Fino dated 09-22-04 and 07-29-04
Letter of medical necessity for RS4i Stimulator dated 10-29-04
Office note 09-01-04 from Dr. Sam Fino
Patient Usage Report dated 07-29-04 to 07-30-04 and 08-09-04 to 08-30-04
Initial request for pre-authorization dated 10-18-04 with price list
TWCC IRO assignment form

Records from the Doctor / Facility

MDR Receipt recognition form from TWCC dated 01-10-05
Office notes from Dr. Sam Fino: 12-22-04, 10-27-04, 09-01-04, 07-29-04, 07-04-04, 06-10-04

Additional medical records from doctor / facility

Fax dated 01-17-05 with attached medical records for MDR review
Office notes of 07-29-04, 09-01-04, 10-27-04
RS Medical prescription of 07-29-04 and 09-22-04
Letter of medical necessity dated 10-29-04
Patient letter dated 12-03-04 in reference to missed treatment
Patient usage reports: 07-29-04 to 07-31-04, 08-09-04 to 08-30-04, 09-02-04 to 09-19-04, 11-20-04 to 11-25-04, and 12-03-04 to 12-21-04
Patient usage summary last dated 09-01-04

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of an RS4i sequential 4 channel combination interferential and muscle stimulator unit.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that they were provided some medical records but there was no clinical summary as to the patient's mechanism of injury, clinical evolution, other physical therapy modalities or even if he has undergone surgical intervention. The only reference was to a diagnosis code for unspecified backache. One of the reconsideration letters discussed medical studies that justified the use of an RS4i unit in a post-operative setting; however, there were no records provided that would indicate that this patient is post-operative.

- There is also a brief summary of the patient's benefit with use of the RS4i, which is an established form without specific information as to changes in VAS score or functionality. It only presents some subjective patient responses to treatment. Even so, ___ summary refers that he has experienced only slight improvement. He reported marginal improvement in muscle spasms, range of motion, sleep pattern, pain decrease, and pain medication use. He states that he has had moderate improvement with the apparatus and that "it helps the back pain a lot". However, this is the only mention of direct improvement in the medical records and it refers to a six-week period ending in September. There is no clinical data that correlates with this subjective data to indicate actual physical improvement.
- The unit requested is an interferential unit, similar to the traditional TENS unit apparatus. Both basically provide electrical nerve stimulation with trans-cutaneous delivery systems. The medical documentation and studies generally do support a short-term use of these types of units during initial phases of physical therapy. They do not support and clinical efficacy on a long-term or home usage basis. This patient is currently almost three years post-injury and there is no documentation as to the clinical benefits that he has experienced with this apparatus. There is also no discussion as to a structured home physical therapy program or the patient's proposed indications for the use of the apparatus. There is no FCE report that would document a change in functionality or even documentation on an office note that would denote tangible improvement. There are some handwritten notes on the office dictations that reference the "RS" unit but no mention of efficacy for this patient. The reconsideration letter of 11-04-04 refers that his diagnosis is an unspecified backache. It states that the RS4i unit is requested to assist the patient with pain management and provide the opportunity for functional restoration as a part of his long-term treatment plan. Nonetheless, there is no specific delineation of his long-term treatment plan beyond the use of this unit. There is also no current documented improvement in functional capacity due to the RS4i unit, which would indicate that further use would allow for functional restoration. As far as compliance with various treatment guidelines, there are studies that indicate that the use of these apparatus is useful and there are studies with opposite results. The basic indication for this type of apparatus has to be individualized independent of the guidelines that are referenced and medical necessity established for each clinical case. Standards of care indicate that an apparatus such as this is initially rented to establish clinical improvement with this

treatment. Once this is established, then the purchase of this modality may be considered. In the current review of necessity for____, there is no summary or reference that presents any direct clinical improvement during his rental period or beyond. The studies provided are helpful; however there is no specific discussion of clinical link between the study cohorts and the patient's clinical characteristics.

The Philadelphia panel guidelines of neck and lower back pain both indicate that no consistent benefit was shown from a clinical standpoint on improved patient outcomes. According to the ACOEM guidelines, this type of apparatus is used for short-term use only in order to increase patient mobilization, and certainly not indicated for long-term use. In Minder et al, the study involved delayed onset muscle soreness and the use of interferential therapy. It concluded that there was no significant difference obtained between the control group and the test group. This type of apparatus can be clinically useful in the treatment of low back pain, however, the medical necessity for this patient's case has not been established with the literature provided.

- In summary, it is the provider's responsibility to establish medical necessity in the request for treatment at this review level. The patient's improvement with the RS4i unit has been marginal at best. There is not any medical justification that this apparatus has provided any significant benefit and will not provide any future medical benefit.

References: (1) Albright, et al (including Philadelphia and Ottawa Panel Members). *Philadelphia Panel Evidence-Based Clinical Practice Guideline on Selected Rehabilitation Interventions for Neck Pain*. Physical Therapy. 81(10). Oct. 2001.

(2) Albright, et al (including Philadelphia and Ottawa Panel Members). *Philadelphia Panel Evidence-Based Clinical Practice Guideline on Selected Rehabilitation Interventions for Low Back Pain*. Physical Therapy. 81(10). Oct. 2001.

(3) American College of Occupational and Environmental Medicine Guidelines 2004. 43-54.

(4) Minder, et al. *Interferential therapy: lack of effect upon experimentally induced delayed onset muscle soreness*. Clin Physiol Funct Imaging. 22(5): 339-47. Sept. 01, 2002.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this ___1st_ day of __February_____, 2005 __

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli